

Common Errors on the Interpretive Services Appointment Record (ISAR)

Errors that may delay your payment	How to avoid errors on your ISAR
1 We can't read your ISAR.	Make sure your information is legible and entered in the correct boxes. Use blue or black ink. We encourage you to type as much of the form as possible. If you use Adobe Reader, be sure to use the latest version; an older version puts the words in the wrong places.
2 Claim number is missing, invalid, or illegible.	Double-check the claim number: it must include 7 characters and the characters must fit into the boxes. One claim per form: submit another ISAR for each additional claim ID.
3 The Interpreter Provider Number is missing, or does not match the agency name you entered.	<ul style="list-style-type: none"> ■ If you work independently as well as for one or more agencies, you may have multiple provider numbers. ■ Use the provider number you are billing for. ■ If an agency assigned you, use the provider number that matches that agency.
4 Appointment Date is missing or incorrect.	Use the correct date format: mm/dd/yyyy.
5 The Group Service question is blank.	Check either the No or Yes box.
6 Total Billable Minutes is blank.	Make sure you complete this field.
7 Total Billable Mileage is not listed in whole miles.	<ul style="list-style-type: none"> ■ Round up to the nearest whole mile — do not use decimals. ■ When billing for mileage, you must fax a map with each ISAR. Write the claim number on the map.
8 Your signature is missing or entered on the wrong line.	Sign your name on the Interpreter's signature line.
9 The signature of the person verifying your services is missing or in the wrong place.	Make sure the person verifying services signs on the correct line.
10 You used an outdated version of the Interpretive Services Appointment Record (ISAR).	Use the current version of the ISAR, dated 06-2015. To get the current version of the form, go to www.Lni.wa.gov/FormPub and search for ISAR.
11 You incorrectly mailed to L&I when you should have mailed to a self-insured employer or the Crime Victims' Compensation program.	Self-insured employer claims, find contact information at www.Lni.wa.gov/SelfInsured Crime Victims Compensation program Department of Labor and Industries PO Box 44520 Olympia WA 98504-4520



**All information must be complete and legible,
or L&I can't process your form.**

Department of Labor and Industries
Send original to insurer. See list on back.
Interpreter: Keep a copy for your records.

Worker Information
Worker Name (Last Name, First Name, Middle Initial) _____
ICN – If you have billed the department using Direct Entry, write the ICN you received for this appt. _____

Interpreter Information
Interpreter's Name (Last, first, middle initial) _____
Agency's Name (If applicable) _____

Appointment Information
Type of appointment – write the type of appointment such as diagnostic, doctor, vocational, etc. _____
Appointment Date (Use the mm/dd/yyyy format) _____
Healthcare or Vocational Provider's Name (Last Name, First Name) _____
Language Requested _____

Billing Information
Is this a group service? ☐ No ☐ Yes
Is this the first or last appointment of the day? ☐ No ☐ Yes
Number of people in the group _____
Starting Street Address _____ City _____ State _____ Zip Code _____
Appointment Street Address _____ City _____ State _____ Zip Code _____
Return or Next Appointment Street Address _____ City _____ State _____ Zip Code _____

Arrival Time: _____
Scheduled Start Time: _____
Actual Start Time: _____
End Time: _____
Total Billable Minutes: _____

A. Mileage to Appointment: _____
B. Mileage to Return/Next Appointment: _____
C. Number of People Split Between: _____
D. Total Billable Mileage: _____

Interpreter's Signature:
By signing, I certify under penalty of perjury under the laws of the State of Washington that the information above is a true and correct statement of the interpretive services I provided.
Interpreter's signature _____ Date _____

Interpreter Service Verification (This section is to be completed by the health care or vocational provider or their designee)
• Do not sign unless the information above is completed. Keep a copy of this form for the provider's records.
Print name of person verifying services _____ Title _____
Signature of person verifying services _____ Date _____
Provider's NPI or L&I Provider Number _____
Phone Number _____

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- 2** Claim number must be entered.
- 3** Provider number must be entered.
- 4** Appointment date, use mm/dd/yyyy format.
- 5** Group service, check No or Yes.
- 6** Enter total billable minutes.
- 7** Enter whole miles: round up.
- 8** Interpreter signature must be on this line.
- 9** Person verifying services must sign on this line.
- 10** Use the correct version of the form — dated 06-2015.